(Depositor's name

CONFIRMATION NO

gonn

(Signature)
(Date)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO.

1008 414119

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

09/30/2008

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

06/25/2001

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

7590

c/o Schering-Plough Corporation 2000 Galloping Hill Road Mail Stop: K-6-1, 1990

ORGANON USA, INC.

Kenilworth, NJ 07033

APPLICATION NO.

09/831,954

67706

or <u>Mail</u> Mail stop ISSUE FEE. Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE PEE and PUBLICATION PEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and profitetions of maintenance fee new will be mainted in correspondence including the Patent, advance orders and profitetions or districted conference address; and/or (b) indicating a separate TEE ADDRESS' for maintenance fee not officiations.

FIRST NAMED INVENTOR

Hubert Jan Jozef Loozen

			WITH DIFFERENTIAL DM 5-9 CARBON ATOMS		PHA AND BETA ESTRO	OGEN	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	Soldskik \$15	10 \$0	\$0	#11000x \$1510	12/30/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS		\$1510		
CLAYTOR, DE	IRDRE RENEE	1617	514-178000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively a contact of the patent attorneys or agents OR, alternatively and the patent attorneys or agents OR, alternatively and the patent attorneys or agents OR.				
The Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or type				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
N.V. Organ	on		Oss, The Ne	therlands			
Please check the appropr	iate assignee category o	categories (will not be p	rinted on the patent):	Individual 🛮 Corporati	ion or other private group	entity Government	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  2d Issue Fee						wn above)	
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-4205 (enclose an extra copy of this form).				
	s SMALL ENTITY stat	us. See 37 CFR 1.27.		ger claiming SMALL EN			
NOTE: The Issue Fee ar interest as shown by the	d Publication Fee (if req records of the United St	uired) will not be accepte ites Patent and Trademark	ed from anyone other than t k Office.	he applicant; a registered	attorney or agent; or the a	ssignee or other party in	
Authorized Signature	Authorized Signature Silsam Des			Date December 22, 2008			
	Typed or printed name Susan Hess			Registration No. 37,350			
Alexandria, Virginia 22:	113-1450.		on is required to obtain or a 1.14. This collection is est y depending upon the indiv e Chief Information Office COMPLETED FORMS TO				
Under the Paperwork Re	duction Act of 1995, no	persons are required to re	spond to a collection of inf	ormation unless it display	s a valid OMB control nu	mber.	

OMB 0651-0033